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**Dickinson Wright PLLC  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant: Larry J. Verbowski  
Serial Number: 10/829,535  
Filing Date: April 22, 2004  
Title: ADJUSTABLE TORSION BAR LEVER  
Confirmation No: 7312  
Group Art Unit: 3616  
Examiner: Leonard McCreary  
Attorney Docket No: 710220-2**

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**Facsimile Transmission**

**TO: United States Patent and Trademark Office**

**FAX NO: 571-273-8300**

**FROM: Jon E. Shackelford**

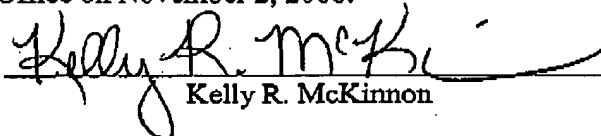
**PAGES: Four (4), including cover sheet**

**DOCUMENTS ENCLOSED: Transmittal Letter (2 pgs); Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address;**

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Kelly R. McKinnon

Application No: 10/829,535

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Applicant(s) Larry J. Verbowski  
Group Art Unit: 3616  
Confirmation No: 7312  
Examiner: Leonard McCreary  
Title: ADJUSTABLE TORSION BAR LEVER  
Attorney Docket No: 710220-2  
Customer No: 59582

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REVOCATION OF POWER OF ATTORNEY WITH  
NEW POWER OF ATTORNEY AND CHANGE  
OF CORRESPONDENCE ADDRESS**

Sir:

Applicant submits herewith a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.

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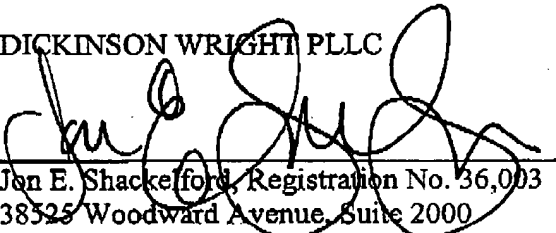
Kelly R. McKinnon  
Kelly R. McKinnon

Application No: 10/829,535

In connection with this communication, the Patent Office is authorized to charge or refund any fee deficiency or excess to Deposit Account No. 04-1061.

Respectfully submitted,

DICKINSON WRIGHT PLLC



Jon E. Shackelford, Registration No. 36,003  
38525 Woodward Avenue, Suite 2000  
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Date: 11-2-2006

NOV 02 2006

PTO/SB/02 (01-06)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/829,535
Filing Date	April 22, 2004
First Named Inventor	Larry J. Verbowski
Art Unit	3818
Examiner Name	Leonard McCreary
Attorney Docket Number	710220-002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

59582

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:


59582

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Larry J. Verbowski		
Date	10-30-06	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of one forms are submitted.

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